STUDY - "Evaluation of results from a single-session psychotherapeutic intervention in population affected by the Colombian internal armed conflict, 2009". Urrego, Z; Abaakouk, Z; Román, C; Tip, R

EVALUATION OF RESULTS FROM A SINGLE-SESSION PSYCHOTHERAPEUTIC INTERVENTION IN POPULATION AFFECTED BY THE COLOMBIAN INTERNAL ARMED CONFLICT, 2009.

Main Researcher: Dr. Zulma Urrego

Main Co-Researcher: Zohra Abaakouk

Co-Researcher: Celia Román

Co-Researcher: Dr. Raphaël Contreras

INDEX

ACKNOWLEDGEMENTS

To the consultants who agreed to participate in the study.

Various bodies and individuals in the Médecins Sans Frontières (Doctors Without Borders) Organization contributed to make this work possible.

El Bosque University Research Ethics Committee for its support during the planning and development of this research.

INTRODUCTION

Doctors Without Borders - OCBA has worked on mental health in Colombia since 2005. Currently provides humanitarian assistance in health with this component in the areas of Nariño, Putumayo and Caquetá.

Acceptance of this service by the rural population has been excellent. The team has been able to generate the consultations within a climate of trust and confidentiality, despite the fact that they are developed in places where it is difficult to count on ideal structures.

The mobile clinics are carried out in remote rural areas and difficult to access, due to both the geographical motives and the internal armed conflict, which means that teams cannot guarantee their return on a regular basis, at times not even a second time. For the mentioned reasons, and although teams could return, the population is extremely floating, and also will not always able to go to the site where the clinic is developed.

Therefore, many patients tend to have the opportunity to make a single psychological consultation, without the possibility of neither the subsequent follow-up, nor the planning of psychotherapy schemas over multiple meetings. This setting generated that psychological interventions are actively directed towards the single-session psychotherapy modality.

While the ideal would have been to count on the guarantee of a minimum number of follow-up consultations, the experience of professionals in charge of psychological interventions in clinics has indicated that a single consultation could have a positive impact on the person, and therefore its criterion is that the impossibility of subsequent follow-up should not be reasons for not intervening.

However, there was no formal evidence of the results really obtained through single-session psychological interventions, so that this study was proposed to be conducted in order that more accurate data would be obtained to evaluate and guide interventions offered, according to the findings. The evaluation was conducted during the second half of 2009 and took into account only the projects developed in the areas of Cauca and Putumayo, and Caquetá, since the arising conditions in the setting of live conflict were not ideal in which to include the Area of Nariño. Most individuals in the study are rural inhabitants, and only partly reside in towns.

As a general objective of the study, it was planned to evaluate the result of a single-consultation psychological intervention only in the mental health within the population affected by the Colombian armed conflict within the MSF-OCBA projects' areas of influence according to variable of person, time and place. The specific objectives drawn were: 1) characterize the population served (Socio-demographic variables, reasons, symptoms and signs exhibited, mental and clinical diagnoses carried out); 2) To investigate the immediate effect of the user involvement in rural and municipal projects (SEQ-M - Face Scale - clinical perception); and 3) to mediate the outcome of the intervention offered, at 6 weeks (instruments - clinical) in municipal users.

Therefore, developing a descriptive and multiple-method observational study was opted, with a prospective component which combined epidemiological research strategies with social research strategies, and qualitative-type techniques with quantitative techniques. At the end of this document, a section of appendices is included in which the characteristics of major instruments and procedures used in the study can be found in detail. Next, the main results will be presented.

GENERAL DESCRIPTION OF THE STUDY POPULATION

There were 72 first-time psychological consultations who attended the projects offered by MSF-E in the areas of Cauca, Putumayo, and Caquetá during the period of September - November 2009, which complied with the inclusion criteria identified for the study. Everyone invited to participate in the study agreed to do so; however, a patient left the waiting room while awaiting the psychological consultation, by which was not possible to apply the post-consultation evaluation, which is the reason that their record was excluded from the study. Therefore, the 71 remaining registrations were processed, distributed by projects according to Table No. 1.

Table No. 1
DISTRIBUTION OF PATIENTS ACCORDING TO PROJECTS OF ORIGIN. EVALUATION OF SINGLE-SESSION THERAPY INTERVENTION. COLOMBIA, 2009.

PROJECT NAME	FREQUENCY (n)	PROPORTION (%)
Caquetá	34	47.9
Cauca – Putumayo	37	52.1
TOTAL	71	100

Source: Project Database "Evaluation of Single-Session Therapeutic Intervention Results in the Doctors Without Borders Projects-Spain in Colombia, 2009".

In addition, 29 interviews with patients and their respective psychological therapists were carried out about topics related to their perception of usefulness to the consultation and the state of the patient upon leaving. 4 field journals were completed by the research assistants, which provided additional comments on the process under review.

Information obtained through surveys was statistically processed in the Epi - Info program while the materials gathered from interviews and field journals were manually processed in a narrative mode.

Turning to the number of patients treated in single-session therapeutic intervention during the period observed, according to the analysis of the historical average of consultations within the same territory, 68 consultations were expected for the period under review; the closeness between the expected data and those finally found in field reflects that most probably the research developed within an average period of time, without significantly new conditions for the setting in which the psychological support seeking behaviour expected in the potential consultants could alter.

The majority of the single-session users (47.89%) were patients usually located in the Area of Caquetá or Putumayo (40.84%); only 11.27% came from the Area of Cauca.

Inhabitant people in rural areas predominated (62%; 44/71 patients); the remaining 38% accounted for patients treated in small populations in municipal towns (Table No. 2; Chart No. 1). This reflects a central objective of the project in which this assessment rests, consisting in providing technical support on mental health to civilians trapped by conflict within the rural areas and small Colombian populations, with highly unlikely access to other health care modalities similar or equal to that provided by MSF - Spain; in addition, it is evident that the research design was respected in terms of the target population of the studied intervention.

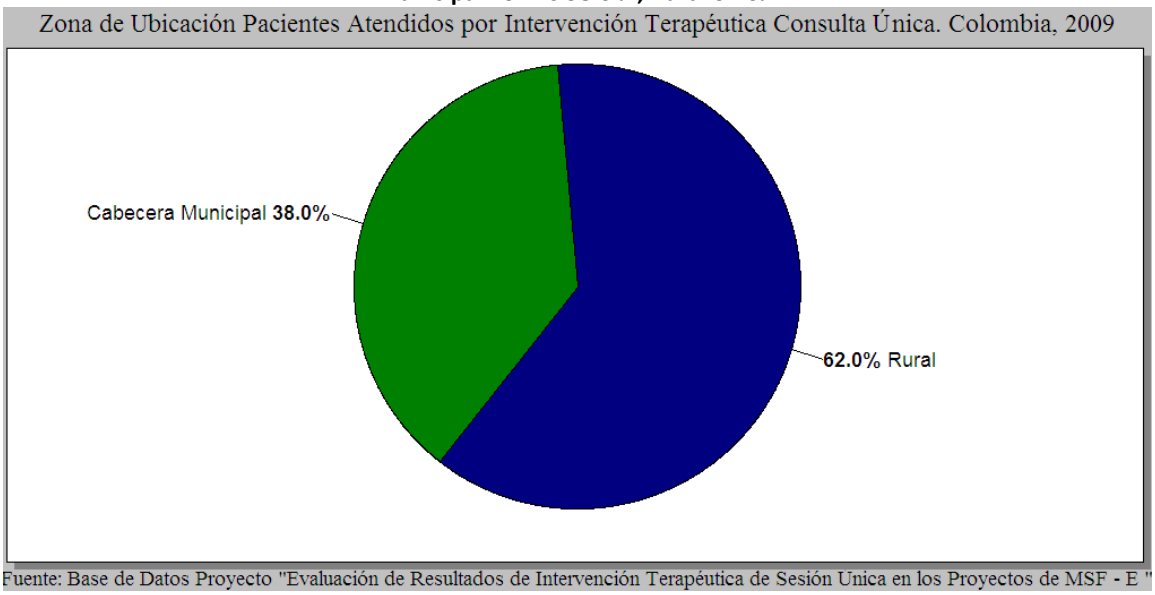
Table No. 2
DISTRIBUTION OF PATIENTS ACCORDING TO PROJECTS OF ORIGIN. EVALUATION OF SINGLE-SESSION THERAPY INTERVENTION. COLOMBIA, 2009.

LOCALITY	AREA			TOTAL	
	CAQUETÁ	CAUCA	PUTUMAYO	n	%
Cartagena del Chairá	8	-	-	8	11.26
Curillo	7	-	-	7	9.85
Guayabal – Balsillas	7	-	-	7	9.85
José María – Puerto Guzmán	-	-	14	14	19.71
Bombonal – Piamonte	-	2	-	2	2.81
Remanso – Piamonte	-	4	-	4	5.69
La Esmeralda – Puerto Guzmán	-	-	10	10	14.08
San Roque – Puerto Guzmán	-	-	5	5	7.04
Samaritana – Piamonte	-	2	-	2	2.81
San Vicente del Caguán	12	-	-	12	16.90
TOTAL	**34**	**8**	**29**	**71**	**100**

Source: Project Database "Evaluation of Single-Session Therapeutic Intervention Results in the Doctors Without Borders Projects- Spain in Colombia, 2009".

Chart No. 1

Patient Location Areas Served by Single-Consultation Therapeutic Intervention. Colombia, 2009
Municipal Towns 38.0 %; Rural 62.0%



Source: Project Database "Evaluation of Single-Session Therapeutic Intervention Results in the MSF-E Projects"

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE CONSULTANTS

According to sex, 70.4% of patients included in the evaluation were women (50/71) and 29.6% male (21/71) (chart No. 2). The average age was 33 years, with a range between 6 and 74 years (DS=17.06; median = 33

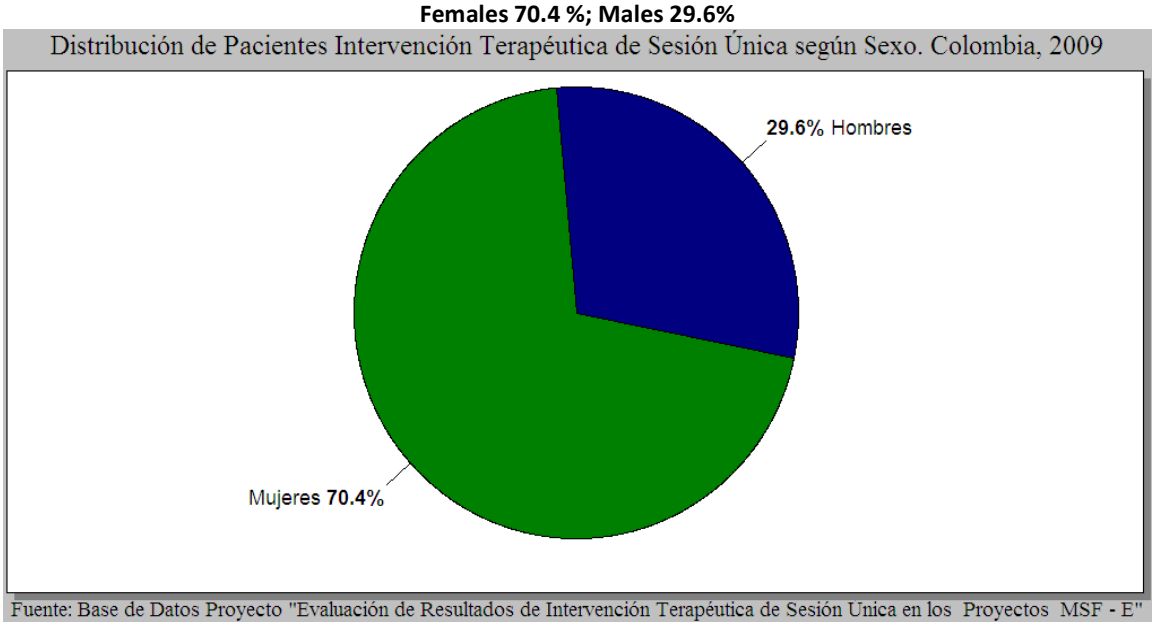
years; mode = 18 years). Consulted 8.5% of girls and boys with an age of 10 years or less (6/71); 12.7% of teens and between 11 and under 18 years of age (9/71); 36.6% of young adults between 18 and 35 years (26/71); 26.8% average age between 36 and 50 years (19/71); and a 15.5 adult % of seniors aged 51 and more years (11/71).

The most common occupation was "homemakers" (49.3%), followed by "student" (18.3%) and "farmer" (12.7%). A 7.1% (5 / 70) of patients demonstrated multiple roles; all were women homemakers, who also developed agricultural work (Table No. 3).

In a recent analysis of the information contained in the project database of mental health from Florencia - Caquetá, which included all the records of patients treated between the years 2004 - 2009 in municipality centres, municipal and rural mobile clinics, also found a predominance of female consultants (65.1% vs. 70.4%), although with a slightly lower average age than that reported by the single-session evaluation presented (28 years vs. 33 years)[1].

Chart No. 2

Distribution of Single-Consultation Therapeutic Intervention Patients according to Sex. Colombia, 2009
Females 70.4 %; Males 29.6%



Source: Project Database "Evaluation of Single-Session Therapeutic Intervention Results in the MSF-E Projects"

The most common level of education among the first-time psychology counseling consultants was incomplete primary (46.9%) or incomplete secondary (32.8%), followed by no schooling (9.4%), and complete primary education (7.8%). Only 1.6%, respectively, had complete secondary (1 patient) or complete University (1 patient).

[1] Doctors Without Borders Spain (2009) Analysis of the Mental Health Database, Projects in Caquetá, Colombia. 2005 - 2009 (Preliminary Document). November. 25p.

Table No. 3
DISTRIBUTION OF PATIENTS ACCORDING TO MAIN OCCUPATION CARRIED OUT. EVALUATION OF SINGLE-SESSION THERAPEUTIC INTERVENTION. COLOMBIA, 2009.

OCCUPATION	FREQUENCY (n)	PROPORTION (%)
Homemaker	35	49.3
Student	13	18.3
Agriculture	9	12.7
Various Occupations	3	4.2
Domestic Employee	2	2.8
Merchant	1	1.4
Unemployed	1	1.4
Rural Teacher	1	1.4
Employee	1	1.4
Under Aged (stays home)	1	1.4
Butler	1	1.4
Baker	1	1.4
No Data	2	2.8
TOTAL	71	100

Source: Project Database "Evaluation of Single-Session Therapeutic Intervention Results in the Doctors Without Borders Projects-Spain in Colombia, 2009".

For the most part, patients that were treated lived with a partner (41.5%), followed by those that were single (30.8%) and married (18.5%). Those divorced, separated and widowed were 3.1%, respectively. The attention was called to the "Widow" civil status which was registered exclusively among females, even within younger ages. Similarly, the presence of persons under the age of 18 (the age which Colombia defines in the age of maturity) who were registered with a civil status other than "Single", were entirely made up of preadolescent or teenage females in cohabitation (2 people of female sex, Cohabitation). Total distribution of population by age groups can be seen in Table 4.

Table No. 4.

Civil Status of Single-Consultation Therapeutic Intervention, by Groups of Age and Sex.

MSE - E Colombia, 2009

Civil Status / *Interval* / *Age (years)*	No Data		Married		Divorced		Separated		Single		Cohabitation		Widowed		Total
	Sex(n)		Sex(n)		Sex(n)		Sex(n)		Sex(n)		Sex(n)		Sex(n)		n (%)
	M	H	M	H	M	H	M	H	M	H	M	H	M	H	
Girls and Boys (0 – 10)	0	0	0	0	0	0	0	0	2	4	0	0	0	0	6 (8.5%)
Preadolescent and Teens (11-17)	0	0	0	0	0	0	0	0	5	2	2	0	0	0	9 (12.7%)
Young Adults (18 – 35)	3	1	2	2	1	0	0	0	3	1	10	2	1	0	26 (36.6%)
Middle-Age Adults (36 – 50)	2	0	2	2	0	0	1	0	0	1	9	2	0	0	19 (26.8%)
Older Adults (51 and older)	0	0	2	2	1	0	1	0	1	1	1	1	1	0	11 (15.4%)
Total n (%)	6 (8.5%)		12 (17%)		2 (2.8%)		2 (2.8%)		20 (28.1%)		27 (38%)		2 (2.8%)		71 (100 %)

Source: Project Database "Evaluation of Single-Session Therapeutic Intervention Results in the Doctors Without Borders Projects- Spain in Colombia, 2009".

REASONS FOR CONSULTATION AND CLINICAL DIAGNOSIS ON THE ANALYZED CONSULTANTS

The most frequent reasons for consultation were for depressive symptoms (26.8%), followed by situational difficulties mentioned directly as the reason for seeking help[2] (25.3%), and various underlying concerns[3] that were reasons for the consultation (12.6%) (Table No. 5). As to the reasons for secondary and tertiary consultation[4] most frequently reported, it is worth highlighting a 5.6% of cases for violence against women and children (4/71); as well as 1 case that were counseled directly for grief (1.4%). The internal armed conflict was rarely verbalized in a direct manner in the reasons for consultation (2.82%; 2/71 cases).

Table No. 5
REASONS FOR MAIN CONSULTATION IN USERS OF SINGLE-SESSION THERAPEUTIC INTERNVENTION MSF – E. COLOMBIA, 2009.

Reasons for Main Consultation	Frequency (n)	Proportion (%)
Depressive symptoms	19	26.8
Problems, difficulties, and situations	18	25.3
Concerns	9	12.6
Children's symptoms	6	8.4
Anxiety symptoms	4	5.6
Sleep symptoms	4	5.6
Anxiety – depressive symptoms	3	4.2
Desire to speak / Seeking "relief"	3	4.2
Sexual symptoms	2	2.8
Somatic symptoms	1	1.4
Psychotic symptoms	1	1.4
Cognitive symptoms	1	1.4
TOTAL	71	100

Source: Project Database "Evaluation of Single-Session Therapeutic Intervention Results in the Doctors Without Borders Projects- Spain in Colombia, 2009".

[2] Within this category the reasons to see the psychologist are classified, enunciated by the patient in their own words and in the initial part of the consultation, which made literal reference to the predominantly objective situations that posed real difficulties or obstacles for the consultants quality of life; for example, economic problems, lack of housing, marriage separation, forced displacement, etc.

[3] Within this category those reasons to see the psychologist are classified, addressed by the patient in their own words during the early stages of the consultation, in which it was reported that they literally have "concerns", with reference to anxiety or subjective rumination about some aspect of their everyday life, without making reference to objective-able problems; for example, fear for the future of the children, without mentioning any actual objective evidence of an imminent threat to them; etc. Regardless of whether the above from subsequent segments of the consultation did or did not arrive at detecting objective reasons for the initially related concern.

[4] Understanding the initial statement by the patient in their own words, as reasons for consultation, the issue which motivated them to consult; independently of whether this does or does not coincide with the data collected during the evaluation by the clinician, and with the final diagnosis developed.

The most frequent main diagnoses were the group of depressive disorders and grief (40.7%; 29/71 cases), followed by vital problems[5] which merit clinical intervention (33.7%; 24/71 cases), and anxiety disorders (8.4%; 6/71) (Table No.6). This coincided with the results of the analysis from the mental health projects database from MSF - E in Caquetá during the last 5 years[6]. In its entirety, the diagnosis of grief was made in women, and corresponded with 4.2% of the total (3/71); they also predominated among the patients diagnosed with different types of Major Depressive Disorder.

The single diagnosis code under which men predominated, was Parent - Children problems; in addition, the total of all the Diagnoses. By age groups, it is worth highlighting that the Major Depressive Disorders were presented in people from all age groups considered; the diagnoses group that was grouped as Other Problems had the same behavior, which merited clinical care. Details about distribution by age and sex, as well as percentages discriminated according to DSM - IV and ICD - 10 diagnoses can be seen in Charts included in the annexes.

As for the secondary diagnoses, in 2.8% there were cases of violence against women reported (code T74.1; 2/71 cases); in 1.4% there were cases of negligence against children (code T74.0; 1/71 cases); the grief was a secondary diagnosis in 4.2% of patients (3/71) and in 4.2% there were various relational problems reported (codes Z63.1; Z63.8; Z63.9; with 5/71 cases).

A third diagnosis occurred only in 2 cases, corresponding both to relational problems in the family between spouses or parent - children (Codes Z63.0 and Z63.1).

Suicidal risk was found in 15.5% of patients (11/71); was always treated as low risk (Chart No. 3). 81.81% of patients with suicidal risk had diagnosis of a Single or Recurrent Episode of Major Depressive Disorder; 9% had a diagnosis of marriage problems; and 9% had an Unspecified Affective Disorder.

The presence of depressive disorders and grief as primary diagnosis found in 40.7% of analyzed patients fall in the same direction as that found in the analysis of sickness attended by the mental health project of MSF - E in Florencia - Caquetá during the year 2006 (depressive disorders at the first time of frequency, with 34%; pathological grief with 10%); however, in that prior study the anxiety disorders were second with 14% (including 6% of PTSD and 3% of acute stress, while in current analysis of patients attended by single-consultation in rural areas of Caquetá, Cauca and Putumayo only gives 8.4% to this diagnoses group (maintaining 2.8% with acute stress disorder).

[5] Defined according to diagnoses criteria for Vital Codes from the DSM - V.

[6] Doctors Without Borders Spain (2009) Analysis of the Mental Health Database, Projects in Caquetá, Colombia 2005 - 2009 (Preliminary Document). November 25p.

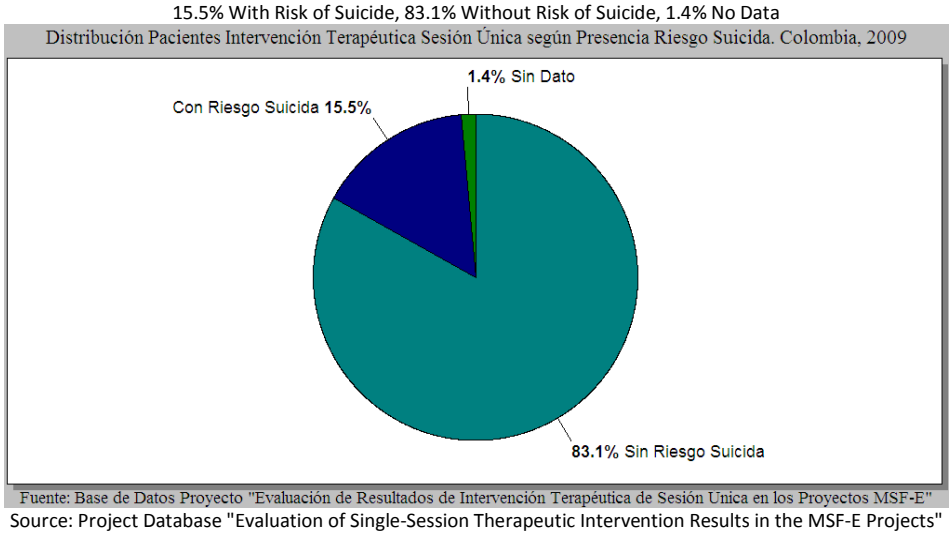
Table No. 6. Main Diagnoses in Single-Session Psychotherapy. MSF, 2009

Diagnosis Group	Diagnoses DSM – IV Included	Total Diagnosis Group	
		Frequency (n)	Proportion (%)
Major Depressive Disorders and Grief	Unspecified Single-Episode Major Depressive Disorder	29	40.7
	Mild Single-Episode MDD		
	Moderate Single-Episode Major Depressive Disorder		
	Recurring Major DD NOS		
	Grief		
	Mild Recurring MDD		
	Moderate Recurring MDD		
Vital Problems Which Merit Clinical Care	Marriage Problems	24	33.7
	Parent Children Problems – Child		
	Parent Children Problems		
	Sibling Relations Problems		
	Relation Problems NOS		
	Housing/Economic Problems		
	Child Sexual Abuse		
Anxiety Disorder	Acute Stress Disorder	6	8.4
	Anxiety Disorder NOS		
	Social Phobia		
Other Affective Disorders	Affective Disorder NOS	5	7.0
	Bipolar Disorder Hypomanic Episode		
Sleep Disorders	Primary Insomnia	3	4.2
	Circadian Rhythm Disorder		
	Other Insomnia Related Disorder		
Sexual Disorder	Treated for Hypoactive Sexual Desire	2	2.8
Childhood Onset	Learning Disorder NOS	1	1.4
Psychotic Disorders	Psychotic Disorder NOS	1	1.4
TOTAL		71	100

The previous may reflect many changes in the dynamics of the Colombian internal armed conflict in the regions studied over the last 3 years, with the presence of new patterns of deterioration in mental health in the rural inhabitants, as well as discrepancies in clinical diagnostic work styles between the urban mental health team providing data in 2006, and the current rural team that implemented the clinical field work which generated the data analyzed in this document.

Chart No. 3

Single-Session Therapeutic Intervention Patient Distribution according to Suicide Risk Presence. Colombia, 2009.
15.5% With Risk of Suicide, 83.1% Without Risk of Suicide, 1.4% No Data

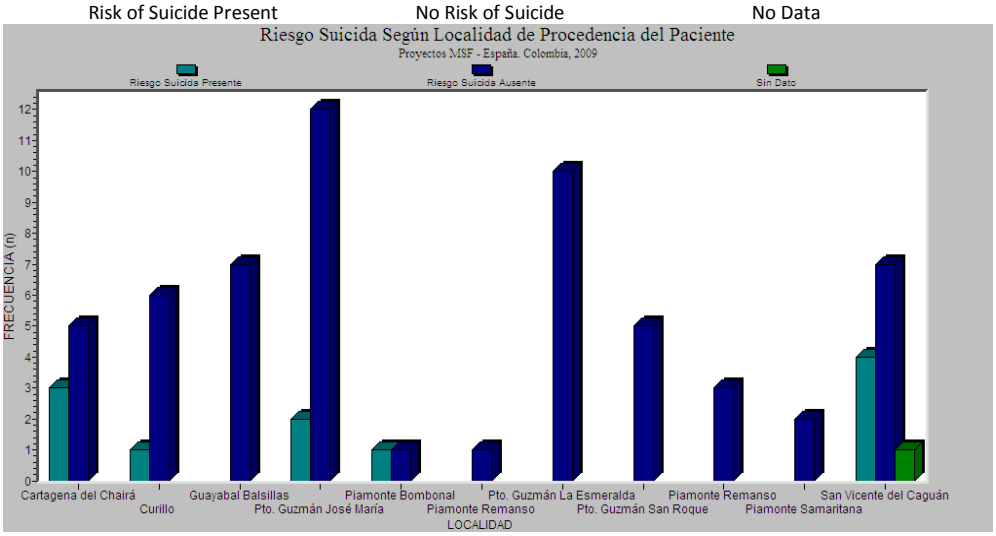


Source: Project Database "Evaluation of Single-Session Therapeutic Intervention Results in the MSF-E Projects"

The patients with a risk of suicide were concentrated in the municipal towns of Curillo, San Vicente de Caguán and Cartagena del Chairá (Caquetá), as well as in the countryside of José María - Puerto Guzmán (Putumayo) and Bombonal - Piamonte (Cauca). These areas coincide with areas of high reception and deportation of people displaced by the internal armed conflict, among other active issues (Chart No. 4).

Chart No. 4

Suicide Risk According To Location of Patient's Origins – MSF – Spain Projects. Colombia, 2009.
Risk of Suicide Present No Risk of Suicide No Data



Frequency (n) LOCATION

EVALUATION OF THE IMMEDIATE EFFECT ACHIEVED IN PATIENTS' STATUS BY MEANS OF SINGLE-CONSULTATION.

The immediate effect achieved in patients using the single-consultation was evaluated for all the cases attended by means of three parameters: variations in pre and post - consultation scores in the SEQ - M instrument[7] (parts A and B) and the face scales, starting from the explored perspective of immediate usefulness from the patient; and the treating psychologist's clinical observations on the perceived usefulness of the consultation for the status of the patient. In select cases, in-depth interviews were conducted with the treating psychologist and the patient after the consultation finished, separately, in order to achieve narratives that could illustrate and better understand the quantitative results achieved by means of the scales used.

V*ariations in part B SEQ – M scale scores in Pre and Post Consultation*

According to the replies provided by the patients before the SEQ-M scale applied before and after the single – psychology consultation, a Global Index of Positive Sensations pre and post - consultation were calculated, structured as directed by the author using the average of the 11 items included in section B of that scale, and considered as the parameter for the overall assessment of the patient's status before and after the intervention.

The Global Index of Positive Sensations in the pre – consultation obtained an average score of 4.22 points, with a range between 1.4 and 7 points (DS = 1.19; median = 4.2 mode = 4.5) on a scale of 1 to 7 points, in which 7 corresponds to the greater presence of positive sensations in the consultant, and 1 to the least presence of these. In the post - consulting, the average Global Index of Positive Sensations were 6.7 points, with a range between 2 and 7 points (DS = 0.8; median = 7; mode = 7).

Additionally, the average score of each item was obtained, both in the prior application, as well as that previous to the first time psychological consultation during which the single-session therapeutic interventions were carried out within the parameters described for this study.

Each score can be placed in a range of 1 to 7 points; a score of 7 indicates greater proximity to the first adjective of the pair presented for each item, whereas a score of 1 indicates greater proximity to the second and greater distance from the first, and a score of 4 indicates the point between two adjectives. The previous allows us to affirm that, on average, an increase of 2.48 points existed in the global index of positive sensations score calculated from the SEQ-M scale part B pre and post - session.

In the pre - consultation, the scores of items were located between 3.17 and 5.08 points. All items increased their score in the post - consultation, and were located between 5.39 and 6.09 points out of a possible 7. The average difference was positive for all items (Table No. 7).

[7] Stiles, W (s.f.) Session Evaluation Questionnaire: Structure and Use. 5p.

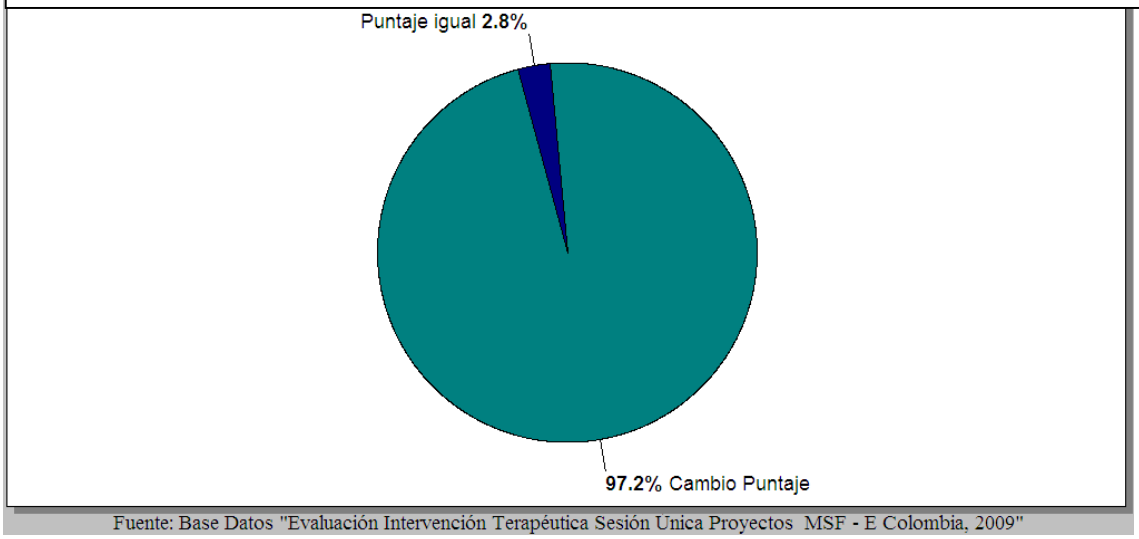
Table No. 7. Immediate Effect Evaluation – Variations from the SEQ - M

PUNTUATION ITEMS SEQ – M SCALE section B	Pre - Consultation		Post - Consultation		Difference
	Average	D.S.	Average	DS	Average
Happy - Sad	3.17	1.85	5.93	1.17	+ 2.76
Calm - Angry	3.90	1.83	6.09	1.04	+ 2.19
Confident - Scared	3.98	1.93	5.95	1.13	+ 1.97
Secure - Insecure	3.98	1.93	5.95	1.13	+ 1.97
Interested - Uninterested	3.98	1.93	5.95	1.13	+ 1.97
Pretty - Ugly	4.54	1.72	5.42	1.49	+0.88
Capable - Incapable	4.93	1.90	6.08	1.15	+1.15
Relaxed - Tensed	4.93	1.90	6.08	1.15	+1.15
Friendly – Not friendly	4.93	1.90	6.08	1.15	+1.15
Strong - Weak	3.91	1.99	5.39	1.64	+1.48
Intelligent – Small minded	4.42	1.81	5.63	1.37	+1.21

Source: Project Database "Evaluation of Single-Session Therapeutic Intervention Results in the Doctors Without Borders Projects - Spain in Colombia, 2009".

2.8% of patients reported identical scores on their perception of well-being in the faces scales applied before and after the consultation. Among the 97.2% remaining, the score changes were reported to increase, with the exception of two cases in which they decreased, and one that remained equal in maximum score (Chart No. 5).

CHART NO. 5. SCORE CHANGE TYPE IN SEQ – M SCALE
97.2% Changed Score, 2.8% Same Score



Fuente: Base Datos "Evaluación Intervención Terapéutica Sesión Unica Proyectos MSF - E Colombia, 2009"
Source: Database "Evaluation of Single-Session Therapeutic Intervention Projects MSF - E Colombia, 2009"

Variation of Score in the Face Scale applied to Pre and Post Consultation

The faces scales were rated 1 to 6; the highest scores were located in proximity to the face indicating greater well-being (6 points), while the lowest indicated its proximity to the face with lower well-being (1 point). The pre - consultation average on the faces scales was 3.26 points, with a range between 1 and 6 points (DS = 1. 46; median = 3 points; mode = 4 points). In the post - consulting, that average corresponded with 5.09 points, with a range between 2 and 6 points (DS = 1. 04; median = 5; mode = 6).

Also by means of the faces scale a major increase in the overall well-being score assigned by the consultants after exiting the single-session therapeutic intervention, with respect to a previously made score, could be verified. However, 19.7% of patients gave scores equal to the scale before and after the therapeutic intervention; and the remaining percentage (80.3%; 57 cases) gave a different score upon exiting with respect to those of entering the single-consultation. In frequencies, the above-mentioned means that of all patients that changed the score pre and post - consultation, 56 cases indicated improvement in their overall health identified by an increase in faces scale score; while 1 case showed that it was worse than went entering, stating a lower score than the initial when they left the single-psychotherapeutic intervention (Chart No. 6).

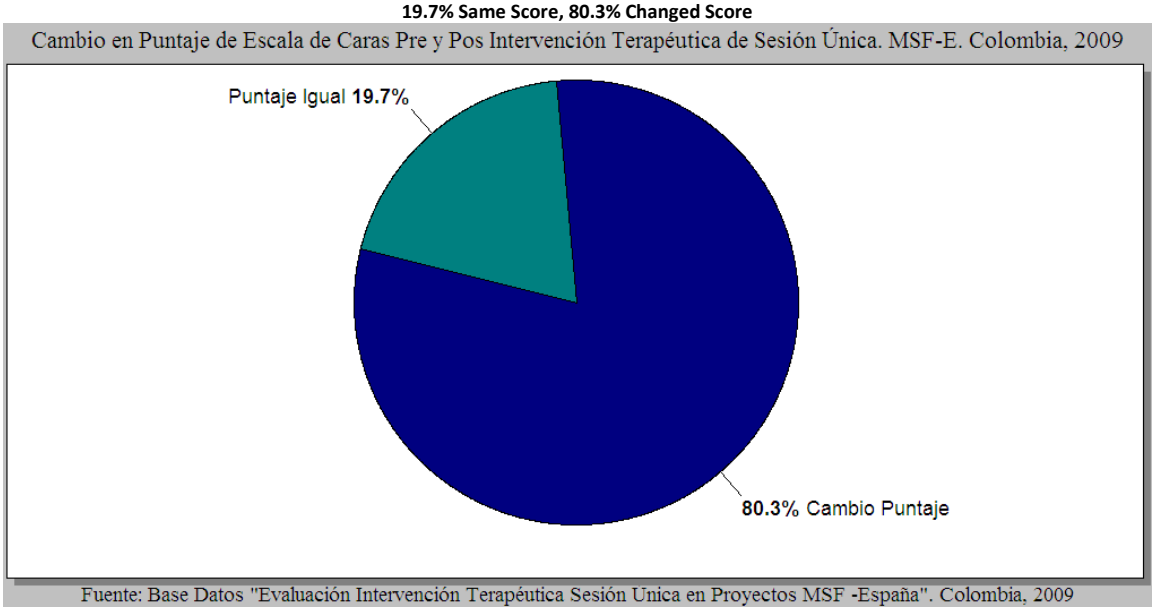
In some cases, the Faces Scale used in this study was qualitatively affected as less accurate to detect changes in the perception of the patient's general state of well-being. It is likely that the decision to use a six-point scale has not been the most fortunate since some authors consider that the best levels of validity and reliability with these types of instruments are achieved using a Faces Scale of seven points[8]. However, none of the two versions could be found with a formal validation for the general Colombian setting, nor for the specific rural area in which the six-point faces scale mentioned above was used.

[8] Andrew,F (1996) Four single-Item indicators of well-being. En: McDowel, I; Newell, C. "Measuring Health". A Guide to Rating Scales and Questionnaires. New York. Oxford University Press. 194 – 198.

Chart No. 6

Change in Face Scale Score Pre and Post Single – Session Therapeutic Intervention. MSF – E. Colombia, 2009

19.7% Same Score, 80.3% Changed Score



Source: Database "Evaluation of Single-Session Therapeutic Intervention in MSF - Spain Projects." Colombia, 2009

Assessment of Post-Consultation General Status and Usefulness of Session According to Patient

According to the assignment of larger post - consultation scores by the patients in part B of the SEQ - M and the faces scale, it was established that the general status of the patient was better when the results from the scales used showed that the patient assigned higher scores on both instruments upon exiting, or when a score remained equal but another increased; it was judged to be the same, when no changes existed in the score of the Faces Scale or the score of the SEQ - M; and was recorded as a harmful intervention when both the Faces Scale as well as the SEQ-B post - consultation showed a decrease on their score, or when one of the scales remained the same, but worsened the score on the other; and was considered doubtful when one of the instruments scored better and one worse than before the consultation was carried.

For the most part, the general condition of the patient was better in the post-consultation (94.40%; 67/71) according to the impression of the consultants, recorded in the responses to the scales used. 1.4% (1/71) of patients continued unchanged, and 2.8% (2/71) indicated being worse upon exiting the therapeutic intervention. Only in one case was a doubtful result found in the post - consultation[9], since the faces scale improved by a point, but the - SEQ M-B score declined.

According to the originating area, all patients that presented distinct general status results were mainly from the Putumayo area; constituting 13.8% of those attended there (4/29); these cases corresponded with people who lived in the towns of Puerto Guzmán - José María (1 case unchanged) and Puerto Guzmán - La Esmeralda (2 cases worse and 1 case doubtful); none of these presented risk of suicide. In Caquetá and Cauca all the patients attended reported improvement in the combined scores obtained in scales for employed patients (Table No. 9).

[9] When two scales employed showed differing results between them in the post - consultation application, with one reporting increase and another decline in the well-being score.

Also in Puerto Guzmán, and on the same date in which the single-sessions began with distinct results showing improvement of the patient, the consultant's case was recorded satisfying the criteria for inclusion, and after having accepted participation in the study and having filled the pre - consultation scales, was left waiting while waited to be called by the psychologist to start the clinical intervention[10].

The field journal and some recorded interviews allowed knowledge to be gained about the great press for time in clinical care by a high volume of consultants, that the mental health staff were required for simultaneous tasks during the day, that the patients had at least a 15 minute wait before the consultation, and that therapists and patients were wearied by the end of the day[11].

Patients whose general state was different than the majority came entirely from rural areas and were single (3/4) or cohabitating (1/4). The two patients registered as worse and the doubtful case were intervened on the same date and point of care; those who were worse were an adult male with a diagnosis of major depressive disorder and a young adult female with diagnosis of marital problems. The doubtful case corresponded to a preadolescent male who was consulted for night terrors, who came from the same municipality but was consulted on another date (Table No. 10).

All those record from this area and date showed useless results that corresponded with persons that were attended to almost consecutively by the end of the day's work[12].

Table No. 9 Post-Consultation Status Reported by Single-Session Therapeutic Intervention Patients by means of SEQ-M-B and Faces Scales, according to Area. Colombia, 2009

PATIENT STATUS	Better	Same	Worse	Doubtful	TOTAL	
	N	N	N	N	N	%
AREA						
Caquetá	34	0	0	0	34	47.90
Cauca	8	0	0	0	8	11.26
Putumayo	25	1	2	1	29	40.84
TOTAL	67	1	2	1	71	100

Source: Database Evaluation of Single-Intervention MSF – Spain Projects.

It was established that when the general status of the patient in the post - consultation was better, the consultation had been useful; and that this had not been useful when the combined results of used scales showed the result proved inconclusive, worse or the same with respect to the formalization of the patient before the therapeutic intervention. In this manner, it was found that from the perspective of patients evaluated immediately after their exit from the therapeutic intervention, the single-consultation was useful for 94.40% of patients and useless for 5.6% of those attended to.

[10] Field Journal. MSF – Spain Project in Cauca – Putumayo. Colombia, 2009.
[11] Field Journal. MSF – Spain Project in Cauca – Putumayo. Colombia, 2009.
[12] Single – Evaluation Intervention Project Database MSF – Spain. Colombia, 2009.

Within such criteria, interviews were observed by patients in whom consultation had been useful, and found that they often made reference in their narratives to a recurring set of themes as the reason for this positive single-intervention: they felt that had been heard and understood, that they had received specific guidance to handle their reasons for consultation which they themselves could apply in their real settings to improve their situation, feeling confident in their own potentials to initial a positive change in their conditions regarding reasons for consultation, achieved some level of positive redefinition of the complaint, and glimpsing a possible better future.

Between narratives about having been heard, the patients mentioned that single-consultation therapeutic intervention had had a useful effect on them because *"one rests, clears the mind, is cheerful... they can [then] move forward"*[13], it is like this because the atmosphere of trust and confidentiality that surrounds the psychological consultation allows you to make the patient feel *"more security... more confident... as a boost that can help me... something they don't tell everyone"*[14].

The effects of the single-session therapeutic intervention as an experience is expressed by some consultant[15] as having *"helped to emerge from the labyrinth I was in and found no answer"*, or that *"helps one to be stronger"*[16], *and "see the capacities that one has"*[17], or notice that *"not everything was bad... it was that I saw it all bad"*[18], according to the expression of others the emphasis on positive redefinition is evident, the mobilization of one's own resources and solutions in the here and now that are characteristic of effective single-session therapeutic interventions.

Usefulness of the Session according to the Psychologist

Regarding the perception of clinical usefulness according to the psychologists responsible for single-session therapeutic intervention, it was evaluated by using a direct question that had to be responded to at the end of each session.

It was considered that the meeting had been useful wherever the psychologists replied with the options "Useful" or "Very Useful"; when they replied "Not Useful, Not Useless" or "Useless" it was considered that it was an indifferent or useless intervention; a "Very Useless" intervention was considered harmful, because it would mean a loss of perhaps the only therapeutic option that patient could count on. 92.8% of the therapists considered their intervention to have been useful in some way to the patient; only 7.2% considered it useless or indifferent and no therapist opted to classify their action as "very useless" (Chart No. 5).

[13] Interview with patient in single-consultation therapeutic intervention MSF - Spain project in Cauca - Putumayo. Colombia, 2009
[14] Interview with patient in single-consultation therapeutic intervention MSF - Spain project in Cauca - Putumayo. Colombia, 2009
[15] Interview with patient in single-consultation therapeutic intervention MSF - Spain project in Cauca - Putumayo. Colombia, 2009
[16] Interview with patient in single-consultation therapeutic intervention MSF - Spain project in Cauca - Putumayo. Colombia, 2009
[17] Interview with patient in single-consultation therapeutic intervention MSF - Spain project in Cauca - Putumayo. Colombia, 2009
[18] Interview with patient in single-consultation therapeutic intervention MSF - Spain project in Caquetá. Colombia, 2009

Table No.10. Post-Consultation General Status Reported by Patients of Single-Session Therapeutic Intervention by means of SEQ-M-B and Faces Scales, according to Civil Status. Colombia, 2009

PATIENT STATUS	Better	Same	Worse	Doubtful	TOTAL	
	N	N	N	N	n	%
CIVIL STATUS						
No Data	6	0	0	0	6	8.40
Married	12	0	0	0	12	17.00
Divorced	2	0	0	0	2	2.80
Separated	2	0	0	0	2	2.80
Single	17	1	1	1	20	28.20
Cohabitation	26	0	1	0	27	38.00
Widow	2	0	0	0	2	2.80
TOTAL	67	1	1	1	71	100

Source: Database Evaluation of Single-Intervention MSF - Spain Projects.

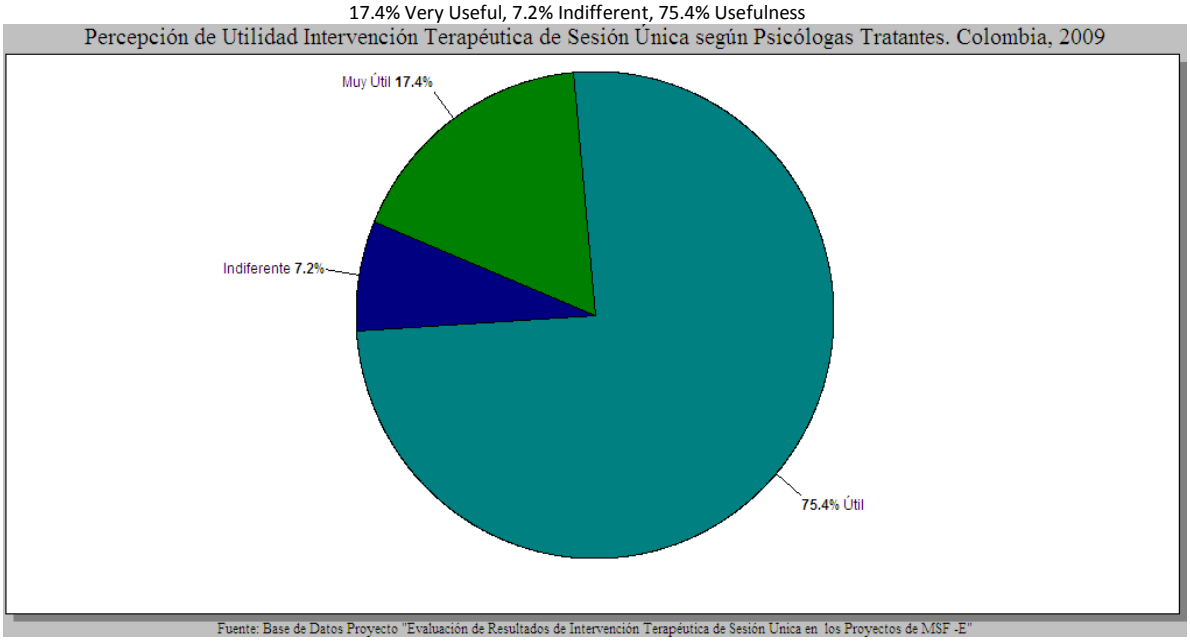
One of the reasons that the perception of uselessness or little use of interventions in the therapists could be generated was the contextual and structural nature closely linked to some reasons for consultation:

> *"The problem is contextual and economic, lack of opportunities...." "[feeling] powerlessness against the problem"*[19].

[19] Interview with psychologist in single-consultation therapeutic intervention MSF - Spain project in Cauca - Putumayo. Colombia, 2009

Chart No. 5

Single-Session Therapeutic Intervention, Perception of Usefulness according to Treating Psychologists. Colombia, 2009
17.4% Very Useful, 7.2% Indifferent, 75.4% Usefulness



Source: Project Database "Evaluation of Single-Session Therapeutic Intervention Results in the MSF-E Projects"

In addition, the long work days of some care units carried out in rural areas with difficult access, along with the high volume of consultants for the health staff, often impair the objective conditions for the implementation of the single-consultation therapeutic session within their ideal parameter, and adversely alter the perception of usefulness of the consultations:

> *" The lady was not ready, she had headache and was absent... later they called her [so as to came out of the office] and returned with eagerness, [saying] that she had to go." "Due to external factors the consultation could not be well developed... she wanted to leave"*[20].

> *"There wasn't always time to interview patients, almost always there was little effort made because they live far away"*[21].

Furthermore, the existing active security problems within the area in which single-session therapeutic intervention services were offered did not prevent many therapeutic dyads to continue to build a useful relationship during the consultation, provided the volume of consultation was not high for the psychologists, and they could develop the single-session intervention format as closely as possible to the ideal standards, as made evident by the records of the interview and field journals regarding the useful results obtained in many consulted patients within the territories directly affected by the CAI:

> *"Due to security disadvantages the unit was suspended..." [In addition] it resulted in being difficult to meet the target [for the research] because many people did not arrive..."*[22]

[20] Interview with psychologist in single-consultation therapeutic intervention MSF - Spain project in Cauca - Putumayo. Colombia, 2009.

[21] Interview with psychologist in single-consultation therapeutic intervention MSF - Spain project in Cauca - Putumayo. Colombia, 2009.

[22] Interview with psychologist in single-consultation therapeutic intervention MSF - Spain project in Cauca - Putumayo, where all the single-sessions carried out were scored as useful. Colombia, 2009.

Concordance between Patient and Therapeutic Psychologist among the Perception of Usefulness of the Single-Session.

The perception of the therapist as having made a useful or very useful intervention coincided with a perception of improvement in 86% of patients (61/71). Whenever that the perception corresponded to a very useful session there was improvement in the patient (12 cases; 100% of those qualified with perception of usefulness), on the other hand, when the perception was a useful session only 94% of the corresponding patients presented improvement (49/52 cases), allowing the remaining to appear as patients without improvement (1/52 cases) or worsening (2/52 cases); when the therapist considered their consultation to have been neither useful nor useless, however, it presented improvement in 80% of patients who attended such meetings (4/5 patients), while the other 20% remained in a doubtful condition according to their perception (1/5) (Table No. 9; Chart No. 6).

Table No. 9

Concordance between Perception of Session Usefulness by the Clinician and Perception of Post-Consultation Status by the Patient. Evaluation of Single-Session Therapeutic Intervention MSF – E Projects. Colombia, 2009.

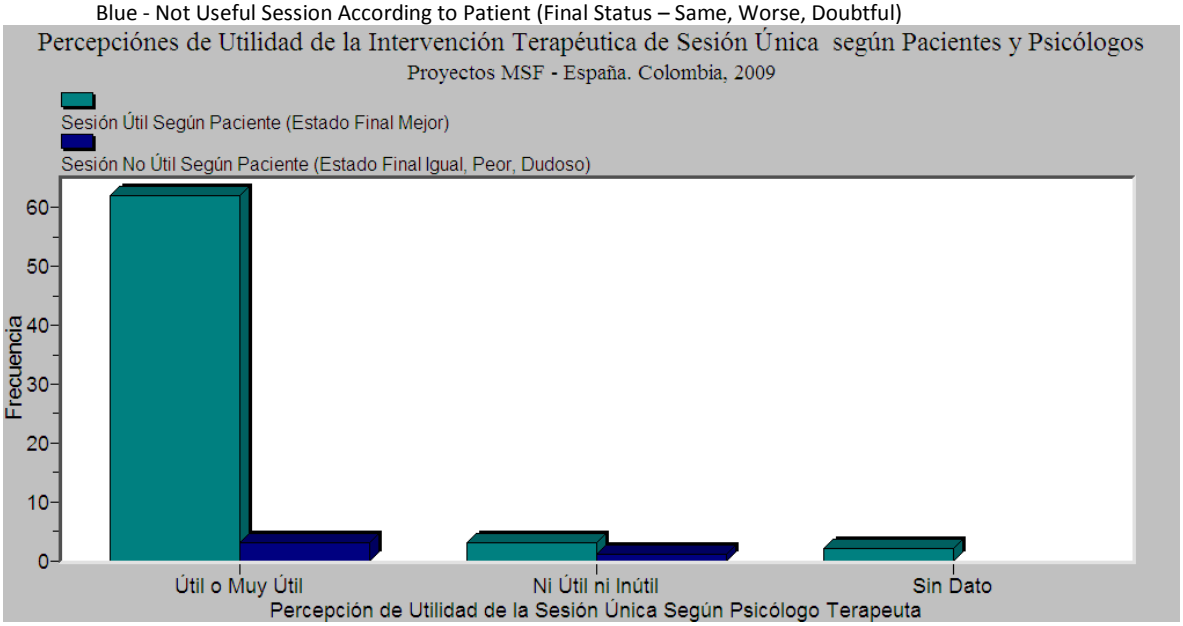
Perception of General Usefulness Session according to Clinician	Status by Patient Same (n)	Better (n)	Worse (n)	Doubtful (n)	Total (n)	(%)
No Data	0	2	0	0	2	2.81
Very Useful	0	12	0	0	12	16.90
Neither Useful Nor Useless	0	4	0	1	5	7.04
Useful	1	49	2	0	52	73.25
Useless	0	0	0	0	0	0
Very Useless	0	0	0	0	0	0
Total	1	67	2	1	71	100

Source: Project Database "Evaluation of Single-Session Therapeutic Intervention Results in the MSF-E Projects".

Analyzing the cases of patients with suicidal risk, we find that in its entirety they reported improvement in their responses to the post –consultation scales (11/11 cases with suicidal risk; 100%), none worsened, continued the same, or remained without determining their status from the perspective of the patient; regarding the perception of usefulness of the session by the clinician in such cases with suicidal risk, in 81.8% they considered the administered single-session therapeutic intervention as useful or very useful (9/11 cases), in the remaining percentage the final status could not be established, due to omission in the data record (2/11 cases) (Table No. 10).

Chart No. 6

Perception of Usefulness of the Single-Session Therapeutic Intervention according to Patients and Psychologists
MSF – Spain Projects. Colombia, 2009
Green -Useful Session According to Patient (Final Status – Better)
Blue - Not Useful Session According to Patient (Final Status – Same, Worse, Doubtful)



Frequency | Useful or Very Useful | Not Useful nor Useless | No Data

Perception of Usefulness of the Single-Session according to Therapeutic Psychologist

Table No. 10

Perception of Usefulness according to Therapist, according to Suicidal Risk of the Patient

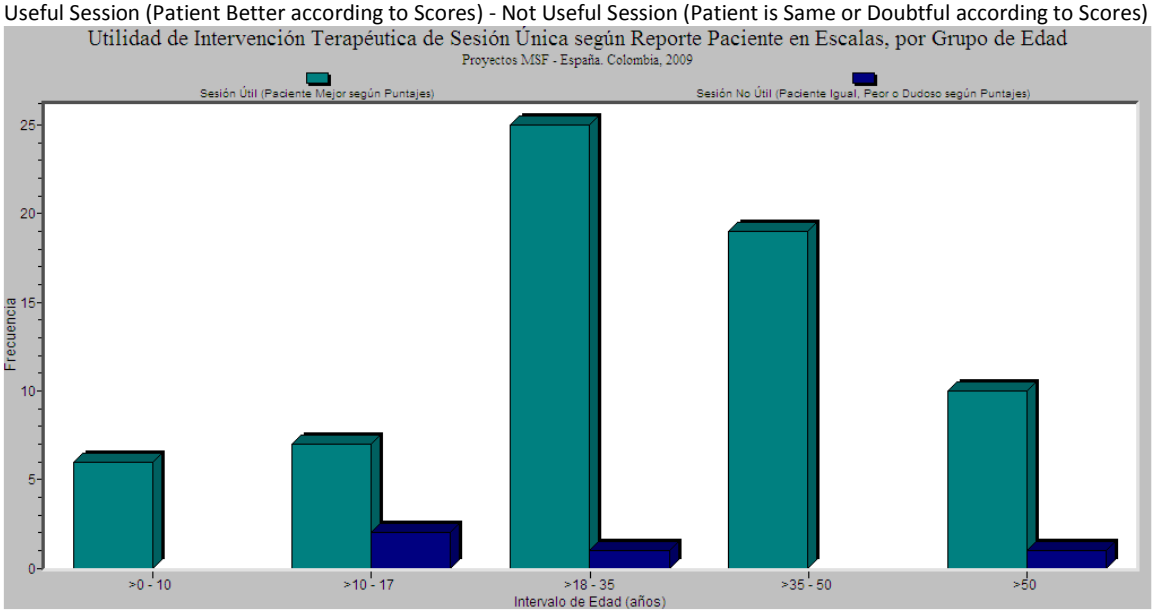
Session Usefulness / **Suicidal Risk**	No Data	Very Useful	Useful	Not Useful nor Useless	Useless	Very Useless	Total	
	(n)	(n)	(n)	(n)	(n)	(n)	(n)	(%)
Yes	2	4	5	0	0	0	11	15.5
No	0	7	47	5	0	0	59	83.1
No Data	0	1	0	0	0	0	1	1.4
Total	2	12	52	5	0	0	71	100

Source: Project Database "Evaluation of Single-Session Therapeutic Intervention Results in the MSF-E Projects"

According to age groups, the perception of psychologists and patients coincided in cases of persons that did not improved in the age groups 11 - 17 years, 18-35 years, and over 50 years (Chart No.7 and No.8). The perception of uselessness for the consultations tended to coincide more between the therapists and the males than between the first ones and the female consultants (Chart No. 9 and No. 10).

Chart No.7

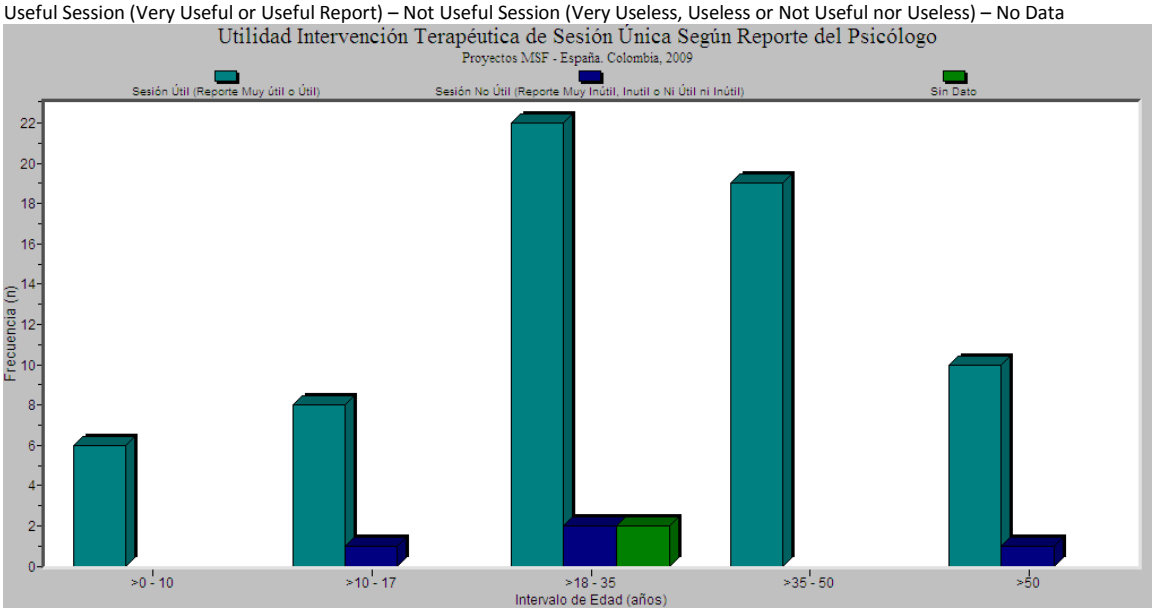
Usefulness of the Single-Session Therapeutic Intervention according to Patient Report in Scales, by Age Group
MSF – Spain Projects. Colombia, 2009
Useful Session (Patient Better according to Scores) - Not Useful Session (Patient is Same or Doubtful according to Scores)



Frequency Age Interval (Years)

Chart No. 8

Usefulness of the Single-Session Therapeutic Intervention according to Psychologist Report
MSF – Spain Projects. Colombia, 2009
Useful Session (Very Useful or Useful Report) – Not Useful Session (Very Useless, Useless or Not Useful nor Useless) – No Data

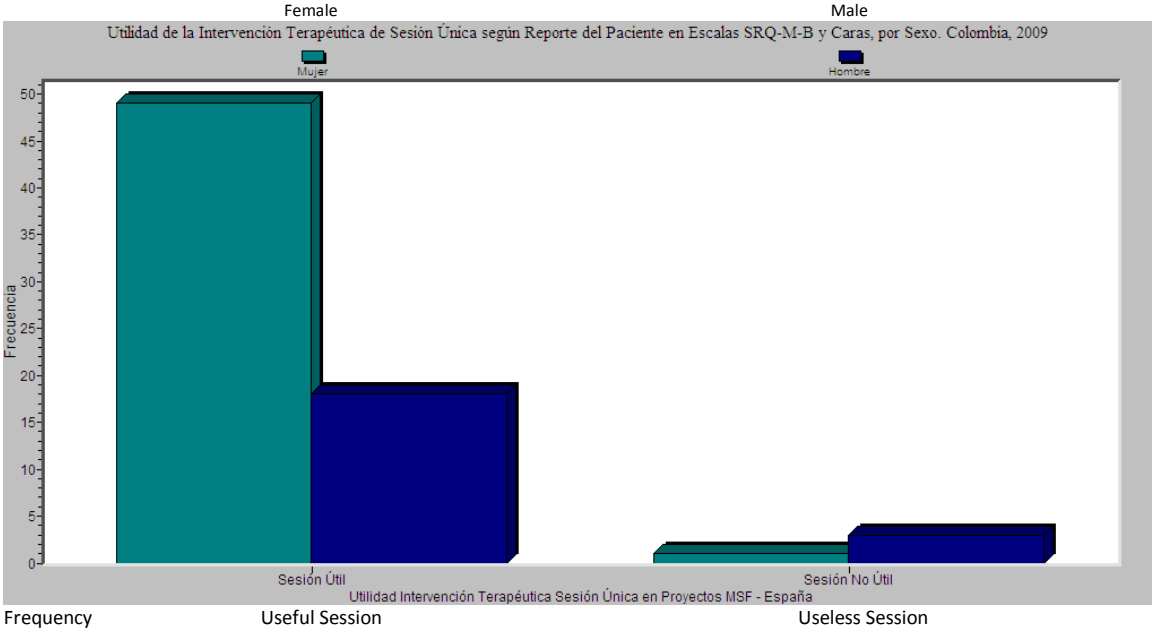


Frequency (n) Age Interval (Years)

Chart No. 9

Usefulness of the Single-Session Therapeutic Intervention according to Patient Report in SRQ - M-B and Faces Scales, by Sex. Colombia, 2009

Female Male



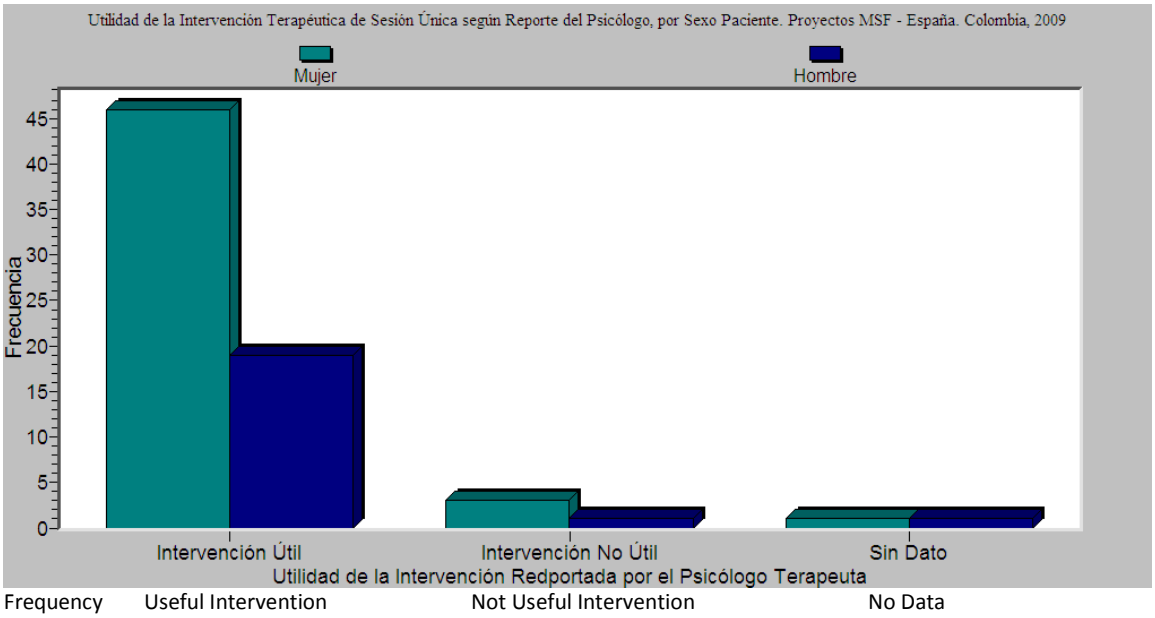
Frequency Useful Session Useless Session

Usefulness of the Single-Session Therapeutic Intervention in MSF – Spain Projects

Chart No. 10

Usefulness of the Single-Session Therapeutic Intervention according to Psychologist Report, by Patient Sex. MSF – Spain Projects. Colombia, 2009

Female Male



Frequency Useful Intervention Not Useful Intervention No Data

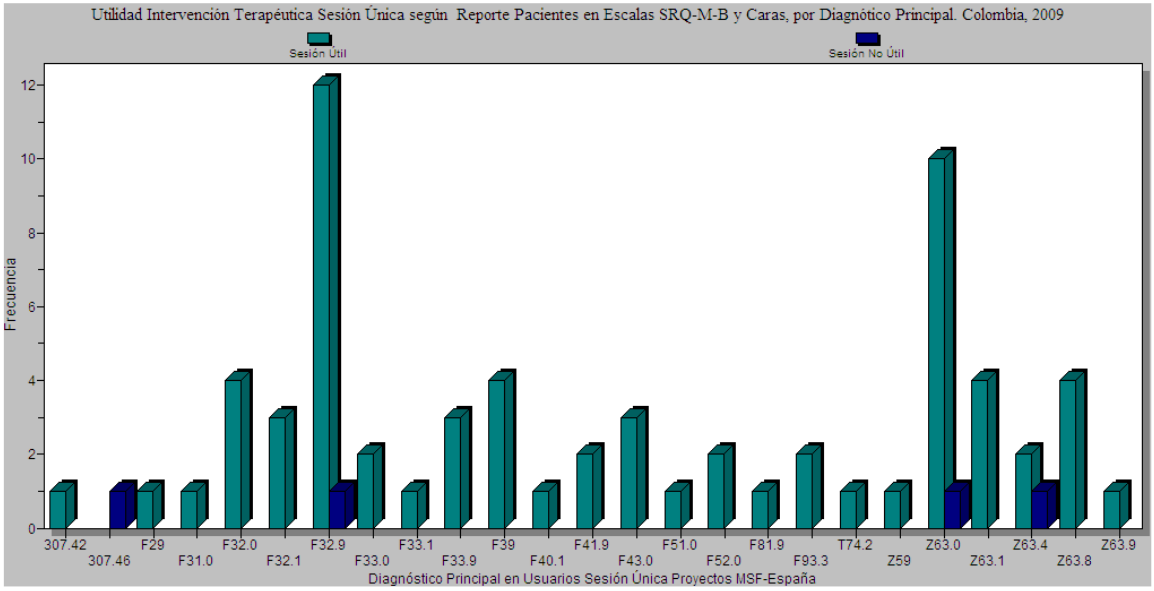
Usefulness of the Single-Session Therapeutic Intervention in MSF – Spain Projects

Taking into account the main patient diagnoses, the therapists concentrated their perception of having made a not-useful single-session in cases of circadian rhythm disorder diagnoses[23], all cases of hypoactive sexual desire disorder, and parent - children problems where the child is the center of clinical care. In contrast, patients reported a not-useful intervention in cases with a diagnosis of grief, marital problems, the case diagnosed as circadian rhythm disorder, and some cases of single-episode major depressive disorder. All the cases were the report was omitted for the perception of clinical usefulness of the session according to the criteria of the therapist corresponded with patients who had a diagnosis of recurrent major depressive disorder (Charts No. 11 and No. 12).

Chart No. 11

Usefulness of Single-Session Therapeutic Intervention according to Patient Report in SRQ - M-B and Faces Scales, by Main Diagnosis. Colombia, 2009

Useful Session Not Useful Session



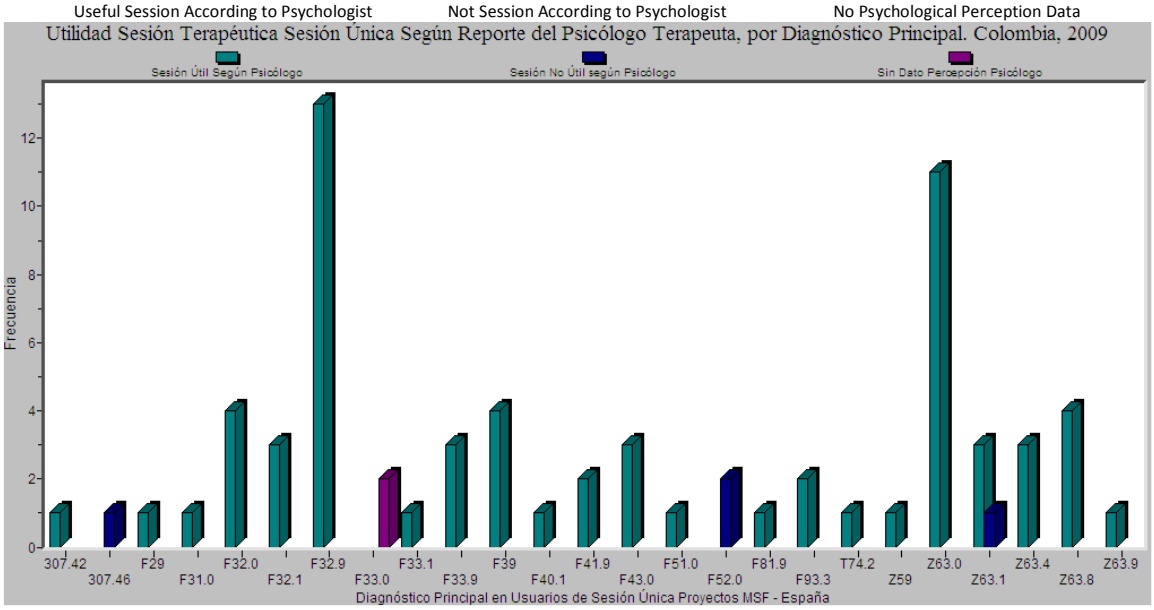
Frequency Main Diagnosis in Single-Session Users MSF – Spain Projects

[23] Carried out in a patient who was consulted for night terrors.

Chart No. 12

Usefulness of Single-Session Therapeutic Intervention according to Therapeutic Psychologist, by Main Diagnosis. Colombia, 2009

Useful Session According to Psychologist Not Session According to Psychologist No Psychological Perception Data



Frequency Main Diagnosis in Single-Session Users MSF – Spain Projects

Two parts of the research interviews conducted in the case of one patient and her psychologist, who agreed to considered the single-session therapeutic intervention as useless, illustrates how the divergent frameworks that each member of the therapeutic dyad uses to understand the reasons for consultation and re-conceptualize it as a problem to intervene, among other things, can render attempts to help as unsuccessful. At the same time, it illustrates how the therapist manages to detect and explain the negative perception that the patient had of the consultation:

> *"For me, I left the same, because I think there must be medication for what I have." By not giving me medication, I remain the same. [The psychologist] told me to address [the situation]... but I feel helpless; also that would take me some time... But I think they should test it with a drug… I like that they hear someone out, but they should give medications… I do think that it is a weakness [of the intervention]"*[24].

> *"Consultation for something physical, but it is related to a personal background situation. They focused on the reasons for consultation and attempted to deal with it, but couldn't… the work was not very successful in redefining it…I left disappointed, I found no answer or validation for what I was searching for"*[25].

Immediate Evaluation of the Consultation's Characteristics:

Regarding section A of the SEQ - M instrument, it applied only to the end of the single intervention and was devoted to evaluate the characteristics of the consultation, proceeded in accordance with the instructions of the scale's author, taking the score awarded upon the initial question[26], as the Global Index of the

[24] Interview with user in single-consultation therapeutic intervention MSF - Spain project in Cauca - Putumayo. Colombia, 2009..

[25] Interview with psychologist in single-consultation therapeutic intervention MSF - Spain project in Cauca - Putumayo. Colombia, 2009.

[26] Asks to conceptualize the intervention as "Good or Bad".

Consultation, and indicative of the quality and general usefulness thereof according to the perception of the patients. As such, they obtained an average score of 6.7 points, with a range between 2 and 7 points (DS = 0.8), out of 7 possible points, by which we can say that the consultants were generally satisfied with the quality and usefulness of the received intervention.

The interviews that were carried out in order to better understand the survey results allowed establishing that some patients identified global quality and usefulness of their consultation with unevaluated aspects in the items from part A of the SEQ – M. For example, following the short time that they had to wait before entering where the psychologist was, it became evident during the interview before their responses on the scale when they said that *"I found the consultation to be very good, because they attended to me quickly"*[27].

The distribution of the scores obtained through different aspects that had characterized the rhythm, depth and smoothness of the session can be seen in Table No. 8.

The relatively low average score obtained in the item that rated the session as slow or fast perhaps acquires a special significance in the light of a comment that emerged in a number of the conducted interviews within the settings of care, in which various cases of the intervention was valued as not useful for patients who thought that the intervention could improve on something, who mentioned in various ways the same common theme: *"I think that there was not enough time, that the consultation was rushed…*" "*I would like to be able to have another consultation, at least in a month"*[28]. Probably, faster consultations can make it more difficult to obtain the therapeutic result hoped for from a single-session therapeutic intervention.

Table No. 8.
SCORES IN THE ITEMS FROM THE SEQ- M PART B SCALE. COLOMBIA, 2009.

CHARACTERISTIC SESSION SCORE FOR PATIENTS	Average	D.S
Relax – Tense	6.05	1.46
Easy – Difficult	6.09	1.33
Valuable – Without Value	6.64	0.95
Deep – Superficial	6.23	0.90
Emotional - Calm	4.91	2.14
Friendly – Unfriendly	6.61	0.98
Complete – Incomplete	6.39	1.03
Slow – Fast	5.36	1.33
Special – Common	6.21	1.26
Gentle – Abrupt	6.53	0.87

Source: Project Database "Evaluation of Single-Session Therapeutic Intervention Results in the MSF-E Projects"

[27] Interview with a patient in single-consultation therapeutic intervention MSF - Spain project in Cauca - Putumayo. Colombia, 2009.

[28] Interview with a patient in single-consultation therapeutic intervention MSF - Spain project in Cauca - Putumayo. Colombia, 2009.

On the other hand, the perception of smoothness as an aspect of the intervention that provided a useful outcome for the post-consultation patient was demonstrated directly in the psychologists' expressions:

> *"The consultation went smoothly, where it was offered active listening, where his feelings and emotions were allowed to be expressed, which gave him peace of mind to be able to relax"*[29]

> *"The patient expressed that what made her feel very good was the way she was cared for since they were very friendly with her, and for the first time she said she did not feel judged"*[30].

EVALUATION OF THE MEDIATE IMPACT OF THE SINGLE-SESSION THERAPEUTIC INTERVENTION: CHARACTERIZATION OF THE FOLLOW-UPS CARRIED OUT SIX WEEKS AFTER THE SINGLE-SESSION THERAPEUTIC INTERVENTION

In this study, the ratio was 2.8% of patients who spontaneously returned for a second consultation by the psychologist six weeks after the initial single- These authors reported that patients that were seen in a single session of psychotherapy, without repeated psychological visits, reduced use of medical services by 60% in the following five years patterned as such with the consultant, (2/71 patients). The ratio of no returns of 97.2% which was found in rural settings directly affected by the Colombian National Internal Armed Conflict (NIAC) in which the study was developed exceeds other data obtained from urban mental health projects of MSF-E in Colombia, and reaffirms the justification to consolidate a single-consultation therapeutic intervention model that matches the conditions and needs that arise in the setting of the Colombian internal armed conflict for the care of the civilian population affected by their mental health.

Indeed, the figures found growingly exceed the history documented for the year 2006 in the urban mental health project developed by MSF-Spain in Florence - Caquetá, when it was reported that *"57% of new patients (about the first 2006 exercise) had only been seen in one consultation*[31], [32] *and 64% of the dropouts occur after the first consultation"*[33], with which the rate of return after the first visit was 36% in that time and place.

These claims were valid for a project running in an urban setting within the central area of Caquetá; with the reasons connected to the users' mental health characteristics, which partly justified this already-low rate of return for the first-time consultants in the Florencia project; which must be added that, in a historical manner, have documented the difficulties in accessing the rural location within the Caquetá area, both from the potential consultants up to the humanitarian aid services, and vice versa, making it reasonable to expect

[29] Interview with a therapist in single-session intervention MSF - Spain project in Cauca - Putumayo. Colombia, 2009

[30] Interview with a therapist in single-session intervention MSF - Spain project in Cauca - Putumayo. Colombia, 2009

[31] This percentage did not include patients who have been only targeted because they do not fall within the criteria for inclusion in the Mental Health project in Florencia - Caquetá; includes patients who have been evaluated to be suffering with a psychiatric disorder necessitating treatment and to which a therapeutic project has been proposed.

[32] Here also, the data from the Project developed by MSF-F in Tolima are similar to those from Florencia.

[33] Genot, M; Saavedra, L (2006) Evaluation of the relevance and impact of the mental health project from Florencia – Caquetá. MSF – E (Preliminary). 41p.

an even lower rate of repeat visits when MSF mental health services are developed within rural locations such as those of the cited area, and others located in the south of the country that share their social, geographical and political conditions[34].

Our findings of the 2.6% ratio of patients who spontaneously return in rural outpatient mental health services offered in the settings of armed conflict could bring forth innovative knowledge on the behavior of consultants in these conditions, because other bibliographic references developed in similar conditions have not been able to be located at the moment to compare them with.

On a worldwide level, there are few studies that analyze the rate of drop-outs after the first consultation in outpatient mental health services; much less those developed within rural settings. Among others, a study conducted in the United States and reported by the psychologist responsible for the MSF-E mental health program in Florencia - Caquetá in its 2006 semi-annual report[35], found drop-out rates of 20 to 40%[36].

However, the absence of a patient's return to the psychological consultation after his/her first consultation should not be assumed automatically as a synonym for therapeutic failure or neglect. Talmon has been one of the first writers who has advocated single-session-therapeutic usefulness and has carried out studies to assess its effectiveness. His concern arose to observe that in the setting of real psychological clinics, between 30% and 80% of patients only attends a single consultation, although they were to be scheduled for a treatment of another format[37].

Talmon initiated his investigation re-contacting his own patients who had attended only one session of psychotherapy in a North American external clinic. Of the 200 patients that he contacted, 78% reported that they had obtained what they were hoping for from the psychotherapy in the assisted single-session, and that they were better or much better regarding the problem that had led them to seek therapeutic help[38].

The same author cites five studies which support his observations on the effectiveness of a single therapy session. One of these studies, for example, Silverman and Beech, examined a single therapy session among users of a community mental health center in Israel, and concluded that "The notion that abandonment of treatment constitutes a failure to the client or the help system is clearly not sustainable. At least 80% of the users intervened by means of a single session reported that their problem had been resolved, 70% spoke of satisfaction with the services received, and the expectations of the user regarding the Center as being met[39].

Other studies have obtained similar results among those which highlight the work of Cummings and Follette, researchers from the Kaiser Permanente Medical Center in San Francisco. These authors reported that

Genot, M; Saavedra, L (2006) Evaluation of the relevance and impact of the mental health project from Florencia – Caquetá. MSF – E (Preliminary). 41p.

[35] Ref. PROJECT REPORT SM FLORENCIA I-2006-R Capital, p. 7-8

[36] Genot, M; Saavedra, L (2006) Evaluation of the relevance and impact of the mental health project from Florencia – Caquetá. MSF – E (Preliminary). 41p.

[37] Talmon, M (1990) Single Session Therapy. California. Jossey - Bass. 146 p.

[38] Talmon, M (1990) Single Session Therapy. California. Jossey - Bass. 146 p.

[39] Talmon, M (1990) Single Session Therapy. California. Jossey - Bass. 146 p.

patients that were seen in a single session of psychotherapy, without repeated psychological visits, reduced use of medical services by 60% in the following five years[40].

Given that only two cases of our study were tracked with follow-ups at six weeks, an explanatory statistical type of singular narrative analysis was favored one in this section of the document.

Case No. 1 Older Adult Male with a recurring Diagnosis of Major Depressive Disorder and Sustained Improvement upon six weeks of the Single-Session Therapeutic Intervention, with Respect to his Admission and his Immediate Post-Consultation Status:

This is an older adult male with a diagnosis of relapsing major depressive disorder of an undetermined intensity without suicide risk, who stated as the reason for the initial consultation as "sadness and desolation". He came from the municipal center of San Vicente del Caguán municipality, in the area of Caquetá; with a cohabitating civil status, incomplete primary schooling, and occupation baker.

He recounted that he had returned spontaneously to another consultation within six weeks of the first because while his symptoms still were improving from when he received the single-session therapeutic intervention, he remained in constant fear of once again being exposed to his own risk factors from the internal armed conflict, and believed that such concern might worsen his depressive symptoms in recovery.

The constant presence of active armed conflict in his area of origin kept his concern alive, even though he had not been directly exposed again to specific risk factors of the NIAC, as on other occasions. This fear had been the only negative vital event identified during the period between the single-session therapeutic intervention and the follow-up a month and a half later. As the only positive vital event experienced during the same period, he applied the constant practice of instructions and therapeutic exercises recommended during the single-session psychotherapy, six weeks before.

The faces scale of was marked by the patient in the initial pre - consultation with four (4) points out of six (6) possible; upon exiting the consultation the man scored five (5) points with the faces scale. When he returned six weeks later and was asked to mark the scale with his global perception of well-being at that moment, he once again applied the same five (5) points awarded six weeks before.

Regarding the SEQ-M-B scale, the initial pre –consultation score from the Global Index of Positive Sensations was 3.7 / 7 possible points. Upon leaving the consultation he once again scored the scale, and the consequent Index of Positive Sensations now showed 5 points. In his visit six weeks after receiving the single-session therapeutic intervention, the same index had raised to 5.4 points out of a possible 7.

The psychologist that attended to him initially had a positive perception of therapeutic effect of his intervention, indicating in the immediate post - consultation that he considered the meeting that he had just finished with the patient as having been useful for this purpose. A clinical assessment carried out by medical psychiatrist when the patient spontaneously returned to consult six weeks later found the existence of a sustained and growing clinical improvement, with respect to what was observed in the patient's initial contact with the project.

Case No. 2 Young Adult Female with a diagnosis of Single-Episode Major Depressive Disorder and Sustained Improvement upon six weeks of the Single-Session Therapeutic Intervention, with Respect to her Admission:

A woman located in the young adult age range according to the classification used in this study, corresponding to the legal criterion indicating that all Colombians are of legal age upon the age of 18 years, who would however be considered a more of a teen from evolutionary classifications; single, employed, with complete secondary schooling and living in the municipal center of Cartagena del Chairá in Caquetá.

She was diagnosed with single-episode major depressive disorder with an unspecified intensity (mild to moderate), with the presence of a slight suicide risk, who stated as the reason for initial consultation that she attended consultation *"because everything goes wrong for me".*

She recounted that she had returned spontaneously to another consultation within six weeks of the first because although her symptoms felt somewhat better since she received the single-session therapeutic intervention, she remained effectively exposed to factors of her own risk from intra-family conflicts, and felt at imminent risk of a resurgence of depressive symptoms.

With the possible presence of gender-based violence against women in such an environment, this exhibition of domestic family conflict had been the only negative vital event identified during the period between the single-session therapeutic intervention and the follow-up a month and a half later. As a single positive vital event experienced during the same period, she recognized having been able to activate a few support networks, from the instructions of the single-session of psychotherapy she received six weeks before.

The faces scale was marked by the patient in the initial pre - consultation with a (1) points out of six (6) possible; upon exit of the consultation the man scored the faces scale with six (6) points. When he returned six week later and was asked to mark the scale with his global perception of well-being at this moment, he indicated two (2) points, lower score for the post - consultation six weeks before, but higher than that referred to immediately before he had any therapeutic contact with MSF psychological services.

Regarding the SEQ-M-B scale, the initial pre –consultation score from the Global Index of Positive Sensations was 2.6 / 7 possible points. Upon leaving the consultation he once again scored the scale, and the consequent Index of Positive Sensations then showed 6.5 points. In his visit six weeks after receiving the single-session therapeutic intervention, the same index scored 4.5 points out of a possible 7. Therefore, it was higher than the score assigned from initial pre-consultation, but less than achieved in the post - consultation immediately six weeks before.

The psychologist that attended to her initially had a positive perception of the effect from her therapeutic intervention, indicating in the immediate post - consultation that she considered the meeting that she had just finished with the patient had been very useful for this.

Highlighted aspects from the two cases with complete follow-up at six weeks post – single-session therapeutic intervention

Two cases with follow-up present a series of common feature that are worth highlighting:

1) The presence of a major depressive disorder as principal diagnosis regardless of single or recurrent episode, or if a suicide risk existed or not.

2) Treated people in small towns located within areas heavily affected by the internal armed conflict.

3) Had spontaneously re-contacted MSF psychological care six weeks later, upon confirming continued exposure to risk factors that could potentially aggravate their depressive symptoms.

4) Have caused the clinical perception in their initial therapists as having received a single-session therapeutic intervention with usefulness or much usefulness according to the respective reasons for consultation and clinical statuses.

5) Have coincided with their therapists in the perceptions of the useful of clinical therapeutic intervention received six weeks before.

6) Have exhibited in themselves some effective coping mechanisms to face their problem, subsequent to the single therapeutic session.

7) Have granted SEQ - M - B and Faces scales upon the moment of reaching the follow-up a few points higher than those marked in the pre - consultation six weeks earlier, regardless if those scores indicated at the time of the follow-up were or were not higher than those specified in the post - consultation of the single-session.

DISCUSSION

Among the patients assisted by the evaluated single-consultation psychological intervention, they were predominantly women; rural residents; with low levels of schooling; dedicated to working in fields, home or studying; with cohabitating civil status.

The average age between the consultants was 33 years, with a range between 6-74 years. The greater proportion of patients was located in the range between 18 and 35 years.

In its entirety, it was people who lived in rural areas or small towns that were heavily affected by the Colombian armed conflict in the areas of Caquetá, Putumayo and Cauca, located in the southern part of the country.

The depressive symptoms, the various vital problems, (located in the diagnoses categories of the DSM-IV Vital Codes) as well as the anxiety symptoms occupied the top three places as reasons for consultation.

The depressive and grief disorders, various problems that merit clinical care (vital codes according to the DSM - IV), and anxiety disorders were the first three groups of diagnosis according to their frequency between users of the intervention, coinciding with other studies carried out in areas affected by armed conflict.

The mental symptoms which obtained the lowest score based on answers given by patients in the pre – consultation in responding to the SEQ – M – B was sadness, with an average score of 3.17 points on a scale of 1 to 7, where 1 indicates the greatest sadness possible and 7 as complete happiness.

Suicidal risk was found in 15.5% of patients (11/71); always treated as a low risk. 81.81% of patients with suicidal risk had a diagnosis of Single-Episode or Recurrent Major Depressive Disorder; 9% had a diagnosis of marital problems; and 9% had an Unspecified Affective Disorder.

According to the criteria used, it was found that the single-session therapeutic intervention was useful from the perspective of the patient in 94.40% of cases when evaluated immediately after the consultation. From the perspective of the treating psychologists, the single-session therapeutic intervention was useful for patients in a 92.8% of cases, in an evaluation carried out at the end of the consultation.

86% of cases corresponded with the perceptions of usefulness for the session between patients and therapists. The perception on the part of the psychologist regarding having made a very useful

single-session psychotherapeutic intervention was always related to a perception of improvement in the general status of the corresponding patient. When the psychologist considered having completed a useful psychotherapeutic single-session, it corresponded with a ratio greater than 90% with a perception of improvement in their overall general status by the patient.

In the interviews with patients whose consultation had been useful it was found that narratives appeared which related to a recurring set of thematic axes which related to the achieved positive effect; such patients felt that they had been heard and understood, that they had received specific guidance to handle their reasons for consultation which they themselves could apply in their real settings to improve their situation, they felt confidence in their own potential to initiate a positive change in their conditions of the reasons for consultation, they achieved some level of positive redefinition of the reasons for consultation, and were envisioning a better future. On the contrary, the differences in frames of reference between therapist and consultant at the time of conceptualizing the problem to intervene, and drawing up a corresponding plan of action, there was an issue emerging in the narratives of patients and therapists in cases in which the single session was not useful to patients.

Patients whose general status was specifically improved were single (3/4) or cohabitating (1/4), and came entirely from rural areas, located in the Putumayo location. None of the cases with a specific outcome of improvement presented suicide risk.

The disorders most often associated with various outcomes different from improvement were hypoactive sexual desire, with a low frequency of presentation in the series. The improvement as an immediate outcome of the therapeutic single-session provided in the setting of study was related to a wide range of diagnoses, among those identified in the users.

All the cases in which the general status was specifically improved were treated in the same municipality, and all that worsened (2 cases) or had indeterminate outcomes (1 case) were treated at the end of the day, on the same day, providing evidence from multiple sources on the apparent negative impact exercised on therapeutic effectiveness in virtue of the pressure for time for the patients' care, and the increased workload on that day for the present healthcare workers.

This suggests that the negative results were related directly to objective contextual aspects of the site where the workday was developed, which prevented the ability to offer a single-session therapeutic intervention as close as possible to recommended standards to achieve successful clinical results.

In other settings heavily affected by the Colombian NIAC; of within which this study was also developed, which included times when it was even necessary to suspend therapeutic activities for security reasons for the dedicated team as the day developed; useful results had been achieved involving the single-session therapeutic intervention whenever the work pressure, the objective conditions which developed the consultation, and the exhaustion of participants did not prevent therapists and patients of developing a good therapeutic encounter.

Regarding the Global Index of the Session granted by the consultants to the single session received according to their perception of quality and immediate usefulness, the average score was 6.7 points, with a range between 2 and 7 points (DS = 0. 8), out of 7 points possible, so we can say that the consultants were generally satisfied with the quality and usefulness of the intervention received.

The quick pace in the consultation was received as an unappreciated attribute by patients, according to the scores assigned to it in the SEQ - M – A instrument filled out when ending the evaluated single-session, and according to narratives provided to that respect during research interviews.

Some testimonies provided by the patients that were attended to highlight the dilemma posed by the need to treat with psychotropic drugs in some specific cases, depending on personal preferences or characteristics and clinical diagnosis, faced with the impossibility of its rational and controlled use in rural areas that are difficult to access with an unlikely presence of general or specialized medical human resources who are familiar with the topic of following-up with users of psychiatric medications; in addition, the big picture get overshadowed even more in the actual presence of low rates of return in consultants of rural mental health services observed in this study, which would place heavy obstacles in action plans centered around the medium to long term, and clinical follow-up of cases as an important strategy for achieving their objectives.

It is worth highlighting that none of the cases handled presented adverse reactions to the single-session therapeutic intervention made.

The two cases in which follow-ups could be made six weeks after the single-session therapeutic intervention was found to have persistent improvement regarding marked scores in the scales that were filled out before entering the single psychotherapy session.

The clinical diagnoses present in such cases with follow-up at six weeks were a recurrent major depressive disorder and a case of marital problems.

In the case of the recurrent major depressive disorder, the patient identified risk factors inherent in the NIAC as initial triggers and regular maintainers of their symptoms. The case of marital problems did not show a history of explicit direct exposure to the internal armed conflict, although were likely due to gender-based violence against women in a domestic setting within a war zone.

The following case corresponding to the diagnosis of major depressive disorder of an unspecified intensity without suicide risk, had continued to improve through at-home application of therapeutic tasks indicated in the single-session therapeutic intervention, achieving in the third application of scales at six weeks even higher scores than those obtained in pre - consultation and post - consultation scales. A clinical assessment carried out by medical psychiatrist at that time found her symptomatic improvement with respect to that observed in her initial contact with the project.

The case with the follow-up corresponding to the diagnosis of single-episode major depressive disorder with an unspecified intensity and with suicide risk displayed higher scores in the follow-up scales than those indicated in the single-session pre–consultation but had not managed to maintain or improve scores on post-consultation identified six weeks earlier with the same instruments.

Although singular and not generalizable, the characteristics of the cases in which follow-ups were managed at six weeks allows it to be said that it is possible to obtain sustained clinical improvement for at least six weeks using single-session therapeutic interventions oriented to the solution of problems, provided to patients exposed to political violence and based on gender, residents of small towns subjected to an active national internal armed conflict, when such patients are carriers of two of the most frequent psychiatric clinical diagnoses of these settings (recurrent major depressive disorder and single-episode major depressive disorder), even in the presence of a mild suicide risk, irrespective of their sex or age group.

In the light of the characteristics observed in the two cases of our series with complete follow-up within six weeks; and according to the literature published on single-session therapeutic interventions, which indicates that improvement can be found in patients who never spontaneously return to control; up to 60-80% of cases re-contacted through the initiative of researchers with better results in those who exhibited a perception of clinical usefulness in the immediate post-consultation can expect a percentage similar to the one published by other authors among patients intervened on during our study who did not spontaneously return to consultation six weeks later, were found with some degree of sustained clinical improvement, waiting for us to identify the appropriate strategies to re-contact them and verify their status in the future.

CONCLUSSIONS

- The population served by means of the single-session therapeutic intervention was characterized as predominantly rural, female, with low level of schooling, who work in the fields, home or studying, and are cohabitating.

- The Main clinical diagnoses addressed by the evaluated intervention were depressive and grief disorders, the vital problems (according to the classification of Vital Codes placed by the DSM - V), and anxiety disorders.

- In 15.5% of the patients served the presence of suicidal risk was detected, always low.

- The evaluation of the immediate effect of the single-session therapeutic intervention showed that it was useful towards the reasons for consultation in 94.40% of cases, from the perspective of the patient, and in a 92.8% of cases, from the perspective of the treating psychologist. These two perceptions coincided in 86% of cases.

- Only 2.8% of patients (two persons) spontaneously returned to the consultation six week after single-session therapeutic intervention had been evaluated. Both presented a low risk of suicide at the time of their initial consultation, and received a diagnosis of major depressive disorder at the time.

- The qualitative evaluation of the cases re-contacted for assessment of the mediate effect of the single-session therapeutic intervention made allowed establishing that it resulted as being useful for the solution, at least partially in one case and quite complete in the other, for the symptoms held as reasons for the initial consultation, regardless of sex or the presence of suicidal risk in the consultants.

- However, the low volume of re-contacted cases did not allow generalizations to be made regarding the usefulness of the single-session therapeutic intervention after six weeks from being carried out.

- The low volume of re-contacted persons for a second session after six weeks from the single-session therapeutic intervention clearly present in the current reality in the setting of intervention located in all the cases included in this study within areas of internal armed conflict posed multiple difficulties making it insurmountable for patients to attend more than one psychological consultation.

- We believe that this low proportion of people that attended a second psychological consultation is also an important discovery to highlight, since it verifies the need to continue framing the

psychological work that is carried out within areas of similar characteristics within the focus of single-consultation therapeutic interventions, in facing the possibility of re-contacting and the ethical duty to provide relief to patients; It also raises the challenge to continue refining this type of procedure to achieve the best possible results in the only chance of therapeutic contact which patients are likely to have.

RECOMMENDATIONS

- Continue implementing single-session therapeutic interventions directed towards civilians living in rural areas and small towns trapped in territories under the effects of the internal armed conflict in the middle of a constant attitude of critical and constructive self-reflection which allows to consolidate a model increasingly able to respond effectively and responsive to real needs of the target population, and overcome concrete obstacles posed by the objective environment for the development of more conventional mental health care strategies.

- Continue with the ongoing standardization processes of psychologists participating in projects where single-session therapeutic intervention applies, in order to refine diagnosis and intervention processes, in search of more uniform results.

- Consolidate strategies to ensure minimum conditions in which to develop a single-session therapeutic intervention according to their recommended standards of duration, the performance of the therapist, waiting times, and others described in the literature, in order to enhance the potential positive results in patients.

- Address the dilemma of the actual use of psychotropics in some selected cases, facing multiple difficulties posed by the setting for its rational use and monitored in the medium and long term in order to explore possible creative solutions that enhance the therapeutic power and acceptability of mental health interventions offered by MSF - E in rural settings submitted to CAI, as complementary to the single-consultation therapeutic intervention, when warranted.

- Prove an interest in replicating the methodology to be followed in this study with other populations and in other settings, both for achieved single-session therapeutic intervention as well as for their evaluation, in order to continue consolidating both therapeutic strategies as its evaluation.

- It is also important to continue to explore the characteristics of those interventions with results constituting appreciation of perceived usefulness by therapists and patients in order to help in the consolidation of a more powerful model to bring out single-session therapeutic interventions.

- Also, boost research towards direct strategies (detection of patients who return at any time to any MSF service to reassess their clinical status regarding the mental health reasons for consultation that led them to participate in the study) or indirect (for example, detection of fatal outcomes in cases of suicide risk through systematic analysis of vital statistics by location in the areas included in the study, among others possible) to assess the impact of the single-session therapeutic interventions in settings where a second contact with the patients becomes very difficult. Accordingly, strengthen the knowledge accumulated so far regarding the medium and long term effects of the single-session therapeutic interventions provided.